

CHAPTER 8

COUNTRY CASE REPORT - MALAWI

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Like Tanzania, Malawi had a strong presence in the first three deliveries of the ECDVU program, with 12 ECD leaders graduating from SSA-1, 2 and 3, four in each delivery. Two of those leaders, Foster Kholowa (SSA-2) and Francis Chalamanda (SSA-1) provided the text for this chapter. Malawi's participation in the ECDVU was central to advancing many of its very significant developments in ECD from 2001 to 2012, including the development and approval of an ECD policy in the exceptionally short period from 2001 to 2004. However, those advances, significant as they are, require a level of training availability and post-secondary engagement that has been a challenge to create and sustain. The stories of Tanzania and Malawi underscore not only that exceptional accomplishments are possible with appropriate leadership and teamwork, but also the need to build on those accomplishments to address other aspects of development—in the Malawi case, with a particular focus on the need for greater engagement with post-secondary institutions.

Introduction/Overview

In 1998, a few years prior to the launch of the ECDVU, Malawi was ranked seventh among the 16 poorest countries in the world (Chalamanda et al., 2001). Seventy-six percent of the population lived in rural areas, where 91.3% of the poor and 91.5% of the extremely poor were concentrated (Government of Malawi, 2002). Poverty severely compromised the health and well-being of most Malawian women, children, and families and HIV/AIDS levels were high.

Compounding these factors, budgetary expenditures on ECD were low compared to other SSA countries, and incomes were worsening.

Today, children in Malawi continue to experience, among other things, “high prevalence of diseases, high mortality rates, high prevalence of HIV, high incidence of malaria cases, limited access to maternal health services, low institutional capacity, inequitable access and utilization of Essential Help Package (EHP) services, inefficiency of the health care system, high prevalence of health risk factors, inadequate supply of essential drugs, and inadequate health infrastructure” (MDGS II, 2011-2016, p. 41). The majority of children in Malawi (65%) still do not have access to ECD services and enter primary school without any meaningful ECD experience (MGCCD, 2010; MGCCD & UNICEF, 2009). Thus, much remains to be done to strengthen ECD in Malawi.

However, some outstanding achievements have been made in recent years. For example, according to the 2010 Malawi Demographic and Health Survey (NSF & ICO, 2011), between 2004 and 2010, the infant mortality rate fell from 76 to 66 per 1000, while the mortality of children under five fell from 133 to 112 per 1000. The maternal mortality rate fell from 984 to 460 per 100,000 during this same period. The percentage of births that were attended by skilled health personnel increased from 38% to 75%, while the percentage of underweight children fell from 22% to 13%. Finally, the rate of malaria in-patient case fatality was cut in half, from 7% in 2004 to 3.2% in 2010. These improvements stem from a number of ECD interventions that various stakeholders implemented to improve the health and nutritional status of children under five in Malawi, such as school health and nutrition programs, vitamin A supplementation, and nutrition support programs.

During a similar period, Malawi also made great progress in expanding access to preschools, nursery schools, crèches, day care centres, and playgroups. As shown in Table 8.1, from 2000 to 2014, the number of public and private centres increased more than elevenfold, and the number of children served grew by a factor of more than 26. The most dramatic increase in service occurred between 2004 and 2005, following which services steadily increased.

Table 8.1 ECD Access Trends in Malawi, 2000-2014
(MGCDWS, 2014; MGDS II, 2011).

Year	Number of Centres	Number of Children	Total % of Malawian children served
2000	1,155	51,550	2.63
2001	1,645	72,760	2.91
2002	2,602	127,036	4.88
2003	3,207	135,436	5.64
2004	4,529	229,823	9.70
2005	5,945	582,407	22.46
2006	6,240	615,478	26.76
2007	7,801	683,825	29.77
2008	8,388	720,292	30.21
2009	8,890	771,666	32.00
2010	8,933	820,000	33.00
2011	9,780	895,818	34.79
2012	9,796	1,132,369	36.56
2013	9,873	1,255,373	38.04
2014	13,786	1,344,723	39.60

Since 2000, Malawi has made significant strides in achieving greater coordination and creating legal frameworks to implement ECD programs. For instance, the Ministry of Gender, Children, and Social Welfare (now the Ministry of Gender, Children, Disability and Social Welfare) was designated the lead agency for coordinating and overseeing the implementation of ECD activities. The ministry's role is to promote meaningful collaboration between and among sectors

that play different roles in ECD—a considerable challenge in a context where government departments are used to working on a sectoral basis to implement the policies and activities for which they are specifically responsible. Further, Malawi developed essential child-related national guidelines to ensure effective implementation of ECD programs, including the National ECD Policy (2003), the ECD National Strategic Plan (2009-2014), the Advocacy and Communications Strategy (2009), and the Early Learning and Development Standards (2010).

The development of the national strategic plan eventually resulted in the incorporation of ECD into the basic education sector within the National Education Sector Plan, 2008-2017 (NESP), a remarkable formal recognition of the importance of ECD within Malawi's education system. In addition, the Malawi Parliament's (2010) enactment of the *Child Care, Protection and Justice Act No.22* provides a legal means of ensuring that policies that help guide and regulate the delivery of children's services in Malawi will be applied. All the above-noted policies and guidelines operate within an overarching broader national level strategy enshrined in the Malawi Growth and Development Strategy (MGDS I, 2006-2011; MGDS II, 2011-2016).

In brief, ECD in Malawi has evolved significantly since 2000. Prior to 2000, Malawi's ECD initiatives, while deserving of recognition, were largely focused on preparing children for school. After 2000, the emphasis increasingly shifted towards a holistic approach to ECD, providing a springboard for the post-2000 ECD policy and program developments in Malawi that are briefly noted above. This shift in emphasis stemmed from a number of factors, including capacity-promoting initiatives such as Malawi's full participation in three ECDVU deliveries (SSA-1, 2, 3). Cooperation between the government of Malawi and Malawi-UNICEF resulted in funding support for a total of 12 participants from 2001 to 2011, which in turn impacted ECD developments from local through national levels. For the remainder of this chapter, we would like to highlight Malawi's accomplishments in strengthening ECD education and training.

ECD Education and Training Opportunities in Malawi

Before 2000, ECD training in Malawi received scant attention and was performed on an ad hoc basis, mainly because ECD as a distinct topic of study or training was largely invisible. In fact, over many years the Government of Malawi played a very limited role, as reflected in the minimal budgetary support for ECD. It was only in the 1980s that interest in ECD began to increase, primarily through UNICEF support (Chalamanda et al., 2001; Kholowa, 2007).

After 2000, as part of capacity-promoting initiatives, local and international opportunities to take ECD courses began to open up for staff in government and civil society. The ECDVU's one- and three-year graduate programs (SSA-1, SSA-2, and SSA-3) were by far the most substantial of these courses. Most other capacity-promoting programs offered short-term training programs ranging in length from several days to several weeks, as outlined in Table 8.2 below.

Table 8.2 Summary of ECD-related, short-term professional development opportunities for staff in Malawi, 2001-2012 (MGCCD & UNICEF, 2010)

Period	Nature of Training	Length	Location	Key Institutions represented and # of Malawians trained
2001	Creating a Stimulating Environment in Early Childhood	2 weeks	Mpemba Staff Development College	APPM, UNESCO, SAFE, MGCCD [30]
2002	ECD and HIV and AIDS	1 week	Tanzania	MGCCD, APPM, MoHP, UNICEF [4]
2002	Early Learning and Developmental Lags in Early Childhood	2 weeks	Mount Carmel International Training Centre in Israel	APPM [1]
2006-08	Play Therapy	4 days	South Africa	UNICEF, MGCCD [4 +]
2006	Study Tour on Child Survival and Early Childhood Development	1 week	Peru	MGCCD (1), MoEST (1), APPM (2), Chirunga ECD Centre (1), UNICEF (3) [7]
2009	Short course on ECD Curriculum Development	2.5 weeks	Kenya Institute of Education	MGCCD (2), MIE (1), MoEST-HQRs (1) [4]
2009	Early Learning and Development Standards (ELDS)	4 days	Safari Club, Nairobi, Kenya	University of Malawi (Chancellor College) (1), MGCCD (1), UNICEF (1)
2009	Early Learning and Development Standards (ELDS)	5 days	Nkopola Lodge, Mangochi, Malawi	MGCCD, MoEST, University of Malawi, Raising Malawi, SAFE, Orphan Support Africa, Department of Nutrition in OPC, APPM, UNICEF [30]
2011-13	UNICEF-ESARO	1 week	South Africa	UNICEF, University of Malawi, MGCCD, MoEST

The training opportunities highlighted in the table were typically targeted for specific ECD issues as they emerged in Malawi. Generally, participant selection was conducted to maximize the participation of staff from key departments and institutions that are in a position to advance the ECD agenda in the country—staff in the two key Ministries of Gender, Children and Social Welfare and Education, institutions of higher learning, and civil society. One typical example is the 2009 Kenya-based training on Early Learning Development Standards (ELDS) and curriculum development, which led to team work to strategize and develop the current ELDS for Malawi and to produce draft curriculum for the country.

Basic Training Initiatives for Practitioners in Malawi

Through the development of the National ECD Strategic Plan (2009-2014), ECD capacity promotion in the form of basic training has become more structured and comprehensive, involving issues of parenting at the household level; caregiving and mentoring at the ECD centre level; supervision and monitoring at the community, district and national levels; planning and implementation at the district level; and policy development and resource mobilization at the national and district levels. The following subsections provide an overview of training initiatives at these various levels of the ECD system.

a) Training for Caregivers and Community Personnel

Up until 2001, basic ECD training programs, ranging in length from two to four weeks, were conducted mainly through the Association of Preschool Playgroups in Malawi (now the Association of Early Childhood Development). In more recent years, especially from 2001 to 2007, the Association's role diminished for a number of reasons, including lack of support, limited human capacity to manage the organization, and a general lack of strategic direction at a time when the demand for capacity-promotion in Malawi was steadily increasing (Chibwana & Mpesi, 2009).

Given the Association's diminished role, over time the training of caregivers and other community personnel was left in the hands of District Social Welfare Offices, which proved an ineffective way to ensure quality training. For instance, while the designated minimum period for basic training is two weeks (with a weekend, 12 days), research has consistently shown large variations in adherence to the designated training period. In some cases, trainees have reported receiving as little as five days of training (GoM & UNICEF, 2009; MGCCD & UNICEF, 2010). This situation impacts the quality of services at the community level, especially since the educational background of most caregivers in Malawian ECD centres

is so low that they often have difficulties coping even with the basic training program (see MGCCD & UNICEF, 2010).

Fortunately, in 2008, the Association of Early Childhood Development underwent a repositioning process to respond to Malawi's ECD capacity needs. The subsequent rejuvenation of the Association stems partly from the contribution of ECDVU graduates from SSA-1 and SSA-2. For instance, two of the Board members (including the Chairperson) are ECDVU graduates. The presence of other ECDVU graduates at the lead Ministry of Gender, Child, and Social Welfare made it easy for the Association's new Board to collaborate with government and UNICEF to restore the Association's role in implementing the national ECD Strategic Plan (MoWCD & UNICEF, 2009). Additionally, in the early stages of the repositioning process, another ECDVU graduate was appointed Executive Director; she helped complete the strategic plan before she left the organization in mid-2011. By the beginning of 2012, the Association had greatly improved in most of the key areas of management and funding levels.

In 2012, with support from UNICEF, the Association worked on a training program that has led to the institutionalization of comprehensive ECD training for caregivers across Malawi, implemented in 2013. The first phase of the training covers 734 caregivers from 13 districts of the country—a promising step in the training of caregivers and in the possible future expansion of ECD training modalities. It is also envisioned that the Association will take up its former leadership role in advancing ECD capacity development in Malawi.

b) Parenting Education Training

To support children's right to know and to be raised by their parents, it is important to empower households, the community and other guardians of parenting practices. To enhance care for young children, effective parenting education programs are needed in Malawi. It is generally agreed that “the broad objective within parent programs is to create awareness of the importance of the caregivers' role in relation to supporting children's growth and development, and to strengthen or modify caregivers' attitudes, beliefs and practices in relation to caring for a child” (Evans et al., cited in Garcia et al., 2008, p. 271). In most cultures, the custodians of parenting knowledge, attitudes, and practices for children are parents and legal guardians who are responsible for the upbringing and development of the child. These custodians require support to fulfill their vital roles in promoting the holistic development of children (Evans, 1994; Myers, 1993; Kabiru and Njenga, 2007).

Based on the available literature, health and nutrition programs that address the needs of children aged 0-6 are becoming common in many sub-Saharan African countries. Some evidence suggests that various stakeholders—mostly local and international NGOs—are addressing child care partly through parenting programs. For instance, in South Africa, the Lesedi Educare Association delivers family-related programs, namely the Rural Family Support Program, and The Community Development and Family Facilitator Program. Malawian ECD specialists have visited those programs. Current parent education initiatives in Malawi began in approximately 2008 when a manual was developed to train community workers and paraprofessionals in health, education, and social services who work with young children and families. Such resource material is intended to help these workers to facilitate discussions with parents and caregivers on the needs, rights, and developmental characteristics of children (MGCCD & UNICEF, 2008). Parenting education and support is being piloted in two districts of Blantyre and Mchinji. During the orientation for the pilot, sessions were conducted for extension workers and district officials in the two districts.

While numerous training initiatives have taken place, more work on parenting education is necessary, as the majority of ECD stakeholders need to build their capacity in this area. In fact, very few Malawian organizations are delivering substantive parenting education programs focused on children aged 0-3. UNICEF, Save the Children, and a few other organizations have spearheaded parenting education in Malawi (Save the Children Malawi & USAID Malawi, 2011). Similarly, while some elements of parent education are supposedly embedded in some health programs offered in under-five clinics by the Ministry of Health and Population, these activities are not specifically branded as ‘parent education programs’ (Save the Children, 2009).

Through Malawi’s Protecting Early Childhood Development (PECD) initiative, supported by the World Bank, a parenting manual focused on school readiness was developed. This manual draws heavily on the generic national parenting manual developed in 2008 by a multisectoral team of ECD stakeholders. Through this initiative, parenting facilitators have been trained in the four project districts of Balaka, Dedza, Nkhata Bay and Thyolo. While this initiative focuses on a limited geographic area, it may introduce an interesting dimension to future parenting education in Malawi.

c) Training for Mentors and Supervisors

One barrier to the implementation of quality ECD services in Malawi is the lack of consistent mentoring and supervision (GoM & UNICEF, 2009, 2010). Despite

these documented gaps, few initiatives have focused on capacity promotion in this area. Save the Children has supported mentorship and supervisory training for supervisors of caregivers in the Blantyre, Chiradzulu and Zomba Districts (Save the Children Malawi & USAID Malawi, 2011), who are now better placed to offer technical support to caregivers in service delivery. Also, through the World Bank-supported Protecting ECD in Malawi Project, more elaborate one-week training sessions for mentors and/or supervisors were available for the first time. While such short-term training can be problematic if it is not followed up with refresher courses, in this case, follow-up initiatives were provided.

Role of Higher Education Institutions in Advancing the ECD Training Agenda in Malawi

The general importance of higher education institutions and universities in Malawi cannot be overstated. However, these institutions have been slow to respond to the steadily emerging need for ECD capacity-promotion over the past ten years. A number of factors have contributed to this situation. For instance, compared to other academic programs, ECD capacity promotion has not benefited from any clearly stated, consistent and coordinated effort at the university level. Furthermore, historically, most capacity-promoting programs in higher education institutions have tended to focus on secondary and primary school education. Finally, over the years, the entry requirements of higher education institutions have not been sufficiently flexible to accommodate the majority of ECD personnel, whose academic qualifications are often low despite their long experience in the ECD field.

A recent study that examined Malawian higher education institutions' capacity to offer ECD programs (see MGCCD & UNICEF, 2010) found that only a few institutions are in a reasonable position to develop and deliver such programs. This finding suggests that to address the immediate needs of the ECD system, it is necessary to begin by strengthening the capacity of the few institutions that are already reasonably placed to develop and offer ECD programs. However, to address long-term needs, it is equally important to begin strengthening the capacity of all the other institutions that have the potential to deliver ECD programs in the future.

On a more positive note, it is important to observe that since 1998, the Department of Human Ecology at Chancellor College (Faculty of Sciences) has worked to address ECD issues through the delivery of undergraduate courses in ECD Care and Education. In addition, the department conducts some training for ECD centre caregivers and directors in Zomba and across the country. In

2011 and 2012, the Department developed more comprehensive ECD courses. When these courses are approved, students from the University of Malawi will be able to graduate with a specialization in ECD, rather than incorporate ECD into a B.Ed. or B.Sc. program, as is currently the case. It should also be noted that the University of Malawi's Chancellor College is currently offering a web-based undergraduate ECE diploma through an Indian University. While this program is simply using Chancellor College as a satellite, the College may be able to sustain the program in the future, making necessary changes for cultural and contextual differences. Another ECD training effort that deserves mention is one currently being undertaken by the Bunda College of Agriculture, which is part of the Lilongwe University of Agriculture and Natural Resources (LUANAR)⁸.

While the above-noted initiatives are positive steps in ECD capacity promotion, much work remains to develop comprehensive and accredited ECD capacity-promoting programs in higher education institutions to address the demand for ECD personnel in the country. Furthermore, to ensure a coordinated response to the need for ECD capacity promotion at the national level, meaningful collaboration is necessary among the different university-colleges in Malawi. The slow overall response to the need for ECD capacity promotion by Malawian institutions contrasts sharply with the huge demand for ECD at both the national level and across sub-Saharan Africa more broadly. ECD is now being 'scaled up' at the national level (MoWCD, 2007). To properly support these nation-wide efforts and to ensure not only increased services but high quality services, clear programs on ECD capacity promotion must be put in place. While the challenges in providing quality ECD services are multifaceted, they are undoubtedly compounded by the lack of qualified personnel at various levels of the system, from ECD centres to policy development.

Training Development Opportunities in Malawi: Efforts Towards Comprehensive ECD Capacity-Promotion

From the discussions above, it is clear that the challenges posed by limited capacity in human and material resources have constrained efforts to further

⁸ At this point it may be useful to note that ECDVU and its participants recognized the need for enhanced ECD tertiary leadership and in the late 2000s submitted a joint ECDVU, Chancellor College, and University of Education Winneba (UEW, Ghana) proposal to CIDA, and subsequently to the Social Sciences and Humanities Research Council of Canada, to develop educationally laddered ECD undergraduate and graduate level programs at both institutions. Neither proposal was funded, but UEW has proceeded to develop such programs in the years since, and as noted, Malawi has recently identified such work as a priority.

expand ECD services in Malawi, and more particularly, to address issues of quality assurance (GoM & UNICEF, 2009). It is evident that despite the great demand for qualified ECD personnel at different levels of the system, ECD training in Malawi has not received sufficient attention.

Current efforts by the Ministry of Gender, Children and Social Welfare and development partners in Malawi point towards the development of a comprehensive, implementable ECD training framework that addresses all levels of the ECD system, including ECD Managers, ECD caregivers, parents, other caregivers and helpers, ECD management committees and other relevant local leaders, extension staff (all relevant ministries), ECD Trainers, and staff in ECD academic and professional training institutions. When complete, this framework will provide a clear path for ECD staff at various levels to advance in their academic and professional development. Further, as a means of creating this path, the framework will prioritize the institutionalization of ECD training (MoGCD & UNICEF, 2010).

The development of a comprehensive training framework for Malawi has the potential to create more opportunities for ECD capacity promotion in Malawi, both for ECD training providers and for those involved in ECD service delivery, including government and civil society. Such a training framework, if well coordinated, will likely create important synergies among ECD policy-makers, training institutions, and organizations involved in service delivery. While a comprehensive ECD capacity promotion strategy is crucial, careful implementation of the strategy is necessary to take advantage of the opportunity to advance ECD capacity development. In particular, to maximize results, it is critical for Malawi to learn from other institutional training models that emphasize a multifaceted approach to ECD, such as the ECDVU program. It is likely that the strategy will benefit from flexible approaches, given the varied needs of ECD practitioners and staff at different levels.

Conclusion

Improving the quality of any ECD system depends, among other things, on the quality of the training provided to key players. If the gains since 2000 in ECD are to be sustained and improved upon in Malawi, this factor is critical. Discussion of ECD capacity promotion in Malawi has not occurred in a vacuum: both local and international influences played important roles in stimulating ECD capacity-promoting initiatives.

A well informed and country-level trained cadre of ECD leaders has been and continues to be essential to advance the ECD agenda for Malawi. Such

leadership is beneficial not only at the planning and goal identification stage, but also in implementation, follow-up, and planning the next stages in responding to what is happening on the ground. The training of a cadre of government and civil society leaders through ECDVU has had a significant, demonstrable impact in Malawi, as most of these leaders are in positions to influence the ECD agenda through policy and capacity-promotion. As Malawi plans its next steps in advancing ECD capacity development, this example illustrates the importance of continued strategic targeting of ECD capacity promotion through both local and international initiatives. In-country initiatives supported by development partners (e.g., UNICEF, the World Bank, Save the Children Malawi, Plan Malawi, Action Aid, etc.), local NGOs, and institutions have also been critical in ensuring the realization of ECD goals, especially capacity promotion.

It is evident that ECD networking at both the national and international levels has greatly benefited Malawi in shaping its policy directions and in promoting capacity. To create future gains in ECD, Malawi will need to strengthen such networking.

As Malawi moves towards the institutionalization of ECD training, existing training institutions need to strategically reposition themselves to respond appropriately to the training needs of the various stakeholders as articulated in the comprehensive ECD framework that will soon be developed. Strengthening institutional capacity to deliver services should also be a priority. At the same time, it is critical that national government and civil society systems are properly coordinated and that mechanisms are put in place to provide a supportive environment for trained ECD personnel to enhance ECD service delivery at various levels of the system.

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